



NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES, INC.

NEASC Accreditation Visit – Team Member Expense Voucher

Submit voucher and all receipts to your NEASC Team Chair before the end of the visit.

Team Member Information

NEASC Commission:	<input type="checkbox"/> Independent Schools (NEASC-CIS)	<input type="checkbox"/> Public Schools (NEASC-CPS)
Name:	Email:	
Address:		
	(street)	(city, state/providence) (zip)

Visit Information

School Name:		
Location (city, state):		
Visit Dates	From:	To:

Expenses

Only out-of-pocket expenses connected with the school visit should be claimed. Personal expenses will not be reimbursed.

Travel/Personal Auto				
Date	From	To	Mileage	Cost*
Total Miles:				
Total Personal Auto Expenses:				

*Use of personal auto is authorized at the prevailing IRS rate of \$0.575 (effective 01/01/2020).

Other Expenses (please itemize and attach receipts)		
Date	Description	Cost
Total Other Expenses:		
Total Reimbursement Requested:		

Approval (please sign and date)

Team Chair: _____ Date: _____

School Head: _____ Date: _____